

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/27/2019		Time of Crash 20:25 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
WEST CHARLESBANK RD												2	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10	
At				Feet N S E W of _____ or _____									
NORTH ST JAMES ST													
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number									
Also at Intersection with				Feet N S E W of _____								11	
Route# Direction Name of Intersecting Roadway/Street				Route# Intersecting Roadway/Street								3	
				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001105					
License # --- St MA DOB/Age ---				Reg # 7ZN767				Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2003				Veh Make LEXUS		Veh Config. 1 20			
Operator SCARCELLA ANTHONY				Owner (Same as operator)								12	
Address 418 BORDER STREET				Address _____									
City EAST BOSTON State MA Zip 02128				City _____ State _____ Zip _____									
Insurance Company GOVT EMPLOYEE INS				Vehicle Action Prior to Crash 3 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4		10 Undercarriage			
Citation # (If Issued) _____				Most Harmful Event 1 23				0 1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved												13	
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility												1	
Operator See Above				99 4 4 0 0 10 1									
ALLEN, DANDRE				M 3 99 4 4 0 0 10 1									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants				<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		Condition 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St MA DOB/Age ---				Reg # 2CGT30				Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017				Veh Make VW		Veh Config. 1 20			
Operator OMALLEY PAUL				Owner (Same as operator)									
Address 23 DALE ST				Address _____									
City NEWTONVILLE State MA Zip 02460				City _____ State _____ Zip _____									
Insurance Company COMMERCE INS				Vehicle Action Prior to Crash 4 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4		10 Undercarriage			
Citation # (If Issued) _____				Most Harmful Event 1 23				1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
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Operator/Non-Motorist See Above				99 4 4 0 0 10 1									

